RECALL PETITION TO: Wisconsin Government Accountability Board (official with whom numination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 224 Wisconsin State Senate District tjurisdiction or district of officeholder) 221 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. Indicate Town, City, or Village □ Town ANO □ Village OX City



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1, RICHARD SACWAL Certification of Circulator , certify:						
I reside at 23A JOHNSON KD LATHAM NY 12110						
(circulator's residence—include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated apposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$1.12.13(3)(a), Wis. Stats.						
Please mail this form to: Recall Wirch Please mail this form to: Recall Wirch Please mail this form to: Recall Wirch Page No. 26 • Silver Lake, WI 53170 Www.RecallWirch.com • RecallWirch@gmail.com Ex. 8						

RECALL PETITION

TO: WISCONSIN GOVERNM	ENT ACCOUNTABILITY Ticial with whom nomination papers or declaration of candid	BOALD scy for the office is filed)	
We, the undersigned qualified electors of the _	30TH WISCONSIN STATE	SENATE DISTR	CICT .
petition for the recall of <u>DAVE HANSE</u>			from office pursuant
to Article XIII, Section 12 of the Wisconsin Co	onstitution and §.9.10 of the Wisconsin Stat	utes.	
(The reason for recall must be stated on petitions for the officeholder. No statement of reason is required		The reason must be related to t	
	PURPOSES, WHEN DIFFERENT THAN MUN		, is not sufficient.
THE NAME OF SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	ALWAYS BE LISTED. MUNICIPALITY OF RESIL	DENCE DATE OF
SIGNATURES OF BLECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Vi	0,0,0,0
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2. Stelle Monado	1 29 SCFE OSHMAN OW-C	Town French	my 4-18-11
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I, RICHARD SAL	Certification of Circulate	or 	, certify:
I reside at 5826 BRIE	size of circulator). Lator's residence - include number, street, and municipality)	TON TX	77084
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi §.12.13(3)(a), Wis. Stats.	petition. I know that each person signed the pidences given. I support this recall potition. I an	aper with full knowledge of it	s content on the date indicated
(date) GAB-170 (Rev.6/2007) The information on this form is required by This form is prescribed by the Government Accountability Board, F 608-266-8005, http://gab.wi.gov email: gab@wi.gov	y §§. 8.40 and 9.10, Wis. Stats.	Sharmo of Chemick)	Page No. 374

O: Wisconsin Government Accountability	RECALL PETITION Board		
O. Wisconsin Government Accountaging	(official with whom nomination papers or declaration of candi	dacy for the office is filed)	Transfer to
e, the undersigned qualified electors of th	e Wisconsin Senate District 12, petition for th	ne recall of Senator Jim Holperin fron	n office pursuar
Article XIII, Section 12 of the Wisconsin	Constitution and §.9.10 of the Wisconsin Sta		
	STATEMENT OF REASON FOR R	ECALL	_l usanovaibilitia
he reason for recall must be stated on petitions cofficeholder. No statement of reason is requ	for city, village, town, and school district officials ired to initiate the recall of state, congressional, l	i. The reason must be retaled to the difficials.) egislative, judicial, or county officials.)	ut responsionnes
	ING PURPOSES, WHEN DIFFERENT THAN MU	NICIDALITY OF DESIDENCE, IS NOT S	HEFICIENT.
THE MUNICIPALITY USED FOR MAIL THE NAME	OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or five no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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KICHARD SACW	A7	, certif	ỳ:
RICHARD SACW eside 5826 BRIEL	(name of circulator) HOUSTON 7	-X 77084	
Side	(circulator's residence . include number, street, and municipality	y)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov

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